

AIRPORT COMPLAINT & SUMMONS

CIRCUIT	Dist.	Beat	Census	CMV	HAZ MAT
5	15	57	1		

Operator **371862501** (STATE) **HI** CDL
 Lic. No. **371862501**
 NAME **LINSCHOTEN**

Current/Mailing Address **JOHANNES**
981388 **Hono PL** **EA**
 City, State, Zip **HI 96782**

Hgt. **5-11** Wt. **180** M Date of Birth **05-28-59** Age **42** Complexion **FAIR**

Place of Employment **FAR/HNL-FS00** Job Title, Yr. in school or Military Rank **1**

Did on/or about this **06-26** day of **Tuesday** **2001** about **15** Hrs.

did operate lic. plate no. **G-11 03673** State **HI**

Vehicle Make **Ford** Type **4 Door** Color **Blue** Yr. **1998**

at (Location): **TAXI WAY between Highway 1 and 2**

and did commit the offense of: **Failure to yield right of way to a vehicle on the throughway**

SECTION: **16-111 (2)**

Accident ☐ Minor ☐ Major Report No. **16-111 (2)**

Receipt of this citation is acknowledged (Your signature is not an admission of guilt)

Date of Issue **06-26-01** Time of Issue **12:00**

The undersigned alleges that the person named above committed the offense herein set forth, contrary to law.

Complainant **Linschoten, Albert** Badge/ID No. **51000**

Postmark within 7 calendar days **A** Postmark after 7 calendar days **B**

Payment Amount **10.00**

SUMMONS

Your appearance date is: **08-07-01** TIME: **0830** COURTROOM: **7C**

District Court of **Honolulu**

WARNING: Failure to respond or appear at the time and place indicated will result in the issuance of a summons or warrant for your arrest.

084721 A

PHONE (DAY) **396**

SIGNATURE

IMPORTANT - READ ALL INSTRUCTIONS CAREFULLY

PAYMENT COPY

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